

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0021454

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5012

STATE FILE NUMBER

VS 300
Rev. 4/59

1

2 203

3

4 0

5 1

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7 1

8 2

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10

11

12 69-0

13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK

OR

TYPEWRITER RIBBON

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

MY FILED 27 65

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

St. Louis

Length of stay in lb

8 hours

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

St. Louis-Little Rock

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

admission)

c. CITY

OR

TOWN

St. Louis

Inside Limits

Yes ☐ No ☐

d. STREET

ADDRESS (If outside, give location)

6530 Neosho

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Harry

Middle

John

Last

Lynch

4. DATE

OF

DEATH

May 17, 1965

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-24-1916

9. AGE (last birthday)

49

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sheetmetal Worker

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

Chicago, Illinois

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Harry H. Lynch

13b. MOTHER'S MAIDEN NAME

Amy Howell

14. NAME OF HUSBAND OR WIFE

Anita Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Mrs. Anita Lynch, 6530 Neosho,

Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Myocardial Infarction
Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

Subsiding

DUE TO (b)

DUE TO (c)

4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

1pm May 17 65 to 7pm May 17 65

20f. CITY, TOWN, OR LOCATION

St. Louis

COUNTY

St. Louis Co., Mo.

STATE

21. I attended the deceased from [Signature] and last saw him alive on May 17 65

Death occurred at 7:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

[Signature]

(Degree or title)

M.D.

22b. ADDRESS

1755 So. Grand Blvd.

22c. DATE SIGNED

5/18/65

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

5-20-65

23c. NAME OF CEMETERY OR CREMATORY

New St. Marcus Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co., Mo.

(State)

24. FUNERAL DIRECTOR

C. Hoffmeister Mortuaries-St. Louis, Mo.

ADDRESS

6464 Chippewa

25. DATE RECD. BY LOCAL REG.

MAY 19 1965

26. REGISTRAR'S SIGNATURE

[Signature]

C. Hoffmeister Mortuaries-St. Louis, Mo.

6464 Chippewa

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

L. C. Branson

Licensed Embalmer No. 4764

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.